Form 3160-5
(November 1983)
(Formerly 9-331)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

c/SF

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

RECEIVED
Artesia, NM 88210

5. LEASE DESIGNATION AND SERIAL NO.: NM-04156688-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED
JUL 3 3 03 AM '89

1. OIL WELL ☐ GAS WELL ☐ OTHER Water Injection

7. UNIT AGREEMENT NAME: 91012405

2. NAME OF OPERATOR: Amoco Production Company ✓

8. FARM OR LEASE NAME: Old Indian Draw Unit

3. ADDRESS OF OPERATOR: P.O. Box 3092 Houston, TX 77253

9. WELL NO.: 10

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: NE/4, NW/4, Unit C, 997/N 1785/W

RECEIVED
JUL 17 '89
O.C.D.
ARTESIA, OFFICE

10. FIELD AND POOL, OR WILDCAT: Indian Draw Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 18, T22S, R28E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3086.7

12. COUNTY OR PARISH: Eddy

13. STATE: NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE	✓	ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	
REPAIR WELL		CHANGE PLANS		(Other)			
(Other)				(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. RU coil tbg unit x set up return line using flow tee.
2. RIH w/coil tbg x wash tool x clean out to TD w/nitrified 2% KCl water until returns are clean.
3. Wash perfs w/1000 gals of 15% NeFe acid x circ until returns are clean.
4. Move coil tbg 50' above perfs x close annulus x acidize perfs w/2000 gals of 15% NeFe HCl @ 1/2 BPM x flush x SI for 1/2 hr.
5. Lower coil tbg below perfs x pump N2 to recover load until clean.
6. POH w/coil tbg x RDx return to injection

18. I hereby certify that the foregoing is true and correct

SIGNED Amelia Hartman TITLE Asst. Admin Analyst DATE 6-29-89

(This space for Federal or State office use)

APPROVED BY _____ FOR: [illegible] RESOURCES
CONDITIONS OF APPROVAL, IF ANY: TITLE _____ DATE 7-13-89

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.